**PATENTS** 

## IN THE U.S. PATENT AND TRADEMARK OFFICE

In re Appl	ication of:			)	Confirm	nation N	o.: <b>8694</b>			ved Center	
	)	Art Uni	t: <b>2162</b>		JUL	1 1	2005				
Application Filing Date	) )	Examiner: <b>H. Pham</b>									
Title: M	Title: Method and System for Interfacing with a Multi-Level Data Structure				) Attorney Docket No. 10125.105001 )						
·		AM	ENDMENT	TRANSM					_		
P.O. Box Alexandri	ioner for Patent				N	ionday, .	July 11,2				
Sir:	ed herewith are										
Am Extended App	endment and Rension of Time ( colicant(s) claims additional fee is additional fee is  CLAIMS REMAINING AFTER AMENDMENT	esponse see of \$22: small entite not requires calculate	ubmitted und 5.00 charged by status. See red.	der 37 C.F.F to deposit ac 37 C.F.R. §	t.§1.116 :count 11-4	and Two	o-Month .	Petition  ENTITY  ADDIT. FEE	for <sub>_</sub>		
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MUL	TIPLE DEPENDENT	CLAIMS		TOTAL		<u> </u>	1	\$			
I hereby cer to: Mail S P.O. Box 1	Commissioner is he sayment, to Deposit tify that this corresp top RCE, Commiss 450, Alexandria, V. No. (703) 872-930	Account No ondence is be sioner for Pa A 22313-14	o. 11-0980. A desimal of the state of the st	luplicate of this mamitted	KING 45 <sup>th</sup> 191 Atlan	bsed. 6 & SPA loor leachtree ta, Geor	LDING L Street, N the 30303	LP	any		
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							Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  12 16 5 8 -1000											
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY											
TOTAL CLAIMS			30					RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		., 30 minus 20=		. 10			X\$ 9=	= 00	OR	X\$18=		
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* If	If the difference in column 1 is less than zero, enter "0" in column 2											
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: <u>-</u>		(Column 1)		(Colur	nn 2)	(Column 3)	<u> </u>	SMAL	L ENTITY	OR		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
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										JOR	ADDIT. FEE	10
		(Column 1) CLAIMS				(Column 3)	١.		-	_		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	OUSLY	PRESENT EXTRA		RATE		-	RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
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Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN.	T CLAIM		ل	-	<del>                                     </del>	1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR		<u> </u>
***	'II the "Highest Nu	AIMS 3 minus 3 = 0  DENT CLAIM-PRESENT  In column 1 is less than zero, enter "0" in column 2  LAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  CLAIMS  REMAINING  AFTER  ARENDMENT  PAID FOR  NITATION OF MULTIPLE DEPENDENT CLAIM  NITATION OF MULTIPLE DEPENDENT CLAIM  ICOLUMN 1  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (Column 9)  (Column 1)  (Column 2)  (Column 3)  CLAIMS  ARENDMENT  PRESENT  PRESENT										
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												